

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/28/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>49</i>	<i>11/14/01</i>
FORMALITY REVIEW	<i>PAUS</i>	<i>10976</i>	<i>12-11-00</i>
RESPONSE FORMALITY REVIEW		<i>11076</i>	<i>7/15/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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